

SWCHS Summer Sports Camp Registration

Student Name _____ Male____ Female____
Parents/Guardian Names _____ Grade Next Year____
Parent Daytime Phone _____ T-shirt Size: Adult S / M / L / XL
Home Phone _____ Current School: _____
Address _____
City _____ Zip _____
Parent Email _____

Camp(s) Attending:

_____ **Girls Soccer Camp: July 5-9, 8-11:30 AM**
McKnight Fields in Chaska
Camp clinicians: Kristian Bush & Travis Armstrong
Cost: \$99 includes t-shirt and beverages

_____ **Boys Soccer Camp: July 5-9, 12:30-5 PM**
McKnight Fields in Chaska
Camp clinicians: Kristian Bush & Travis Armstrong
Cost: \$99 includes t-shirt and beverages

_____ **Boys Basketball Camp: July 26-30, 2:30-6 pm**
Chapel Hill Academy
Camp clinician: Kit Avery
Cost: \$99 includes t-shirt and beverages

_____ **Girls Volleyball Camp: June 14-18, 8-11:30 AM**
Location TBD
Camp clinician: Jill Moss
Cost: \$99 includes t-shirt and beverages

(Girls Basketball Camp: June 16-18, 12:30-4 pm and June 28-July 1, 12:30-4 pm - Register through CHA (Camp Extreme) at <http://www.chapel-hill.org>)

Total Amount Enclosed: _____ Please make check payable to SWCHS.

I hereby grant permission to the SWCHS Camp staff to act for me, according to their best judgment, in any emergency requiring medical attention. I release the SWCHS Camp staff and SWCHS from any and all liability for injuries incurred at camp.

Parent/Guardian Signature _____ Date _____

Mail to:
SWCHS Sports Camps
103 Peavey Road
Chaska, MN 55318

